

MALE SPOUSES' SUPPORT OF FAMILY PLANNING (FP) UPTAKE BY WIVES: THE ROLE OF SOCIO-BIOGRAPHICAL MEDIATORS

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Abstract

The study analyzed the influence socio-demographical variables on male spouses' support of family planning (FP) uptake by wives in Ibadan North East Local Government area of Oyo State. Six research questions were raised to assist the research. The study adopted the descriptive survey research design of the ex-post facto type. The multi-stage sampling technique was used to select 400 respondents. A self-developed questionnaire with four sub-sections was used to collect data. Data was analyzed using simple percentages and frequency counts for demographic information about the respondents, while research questions were tested using descriptive statistics and regression analysis. The results showed that the level of the involvement of men in family planning procedures of their wives was high. Also, it was revealed that education ($F_{4/387} = 16.362$; $P < .05$), age ($F_{5/387} = 20.252$; $P < .05$), occupation ($F_{5/387} = 7.758$, $P < .05$), nature of marriage ($F_{2/387} = 18.034$, $P < .05$), and preferred family size ($F_{4/387} = 20.336$, $P < .05$) were significant in determining male spouse involvement in family planning procedures of their wives. It is therefore concluded that any failure of male spouse to support the family planning procedures of their wives has little or no cultural undertone. Rather, it is a matter of choice and mere attitude/negative misconception and/or perceptions towards family planning, and that FP is a woman's affair.

Keywords: Socio-demographical variables, male spouses, support, family planning (FP) uptake

Introduction

All over the world today, there has been a clarion call by the World Health Organization (WHO) especially in the developing world such as Africa to increase efforts to advocate the recognition of the pivotal role of family planning in achieving health and development objectives at all levels, as targeted by MDGs 4, 5 and 6. It has been equally noted that unsafe abortion is preventable but it continues to pose undue risk to the lives of African women. Unsafe abortions account for about 14% of maternal deaths on the continent. Thirty-one out of 1000 African women aged 15–45 years are estimated to experience unsafe abortion annually. The Eastern and Middle African countries are reported to have the highest rates of unsafe abortion, 36 per 1000, whilst the lowest rates are in Southern Africa (9 per 1000) while roughly 51% of all maternal deaths involve African women aged from 15 to 29 years UNDP (2009).

Originally, women were the primary target for family planning but there is growing recognition that reproductive health is the joint responsibility of men and women (Kabagenyi, Jennings, Reid, Nalwadda, Ntozi, Atuyanbe 2014). Berhane, Biadgilign, Amberbir, Morankar, Berhane and Deribe (2011) reported that men are key persons in the reproductive decision-making process and their decisions have profound influences on women's health.

Kabayengi, Jennings, Reid, Nalwadda, Ntozi, and Atuyanbe (2014) suggested that male involvement in family planning methods can increase its uptake and continuation by improving spousal communication through pathways of increased knowledge or decreased male opposition. Since in some cultures male significantly influences the choice of birth control methods, birth number, birth sequencing, and timing, along with an opinion regarding the birthing method (Porche, 2012).

It has been reported in Nigeria that there is no adequate spousal support of family planning which limits the use of family planning methods. The 2013 National Demographic and Health Survey (NDHS) revealed overall contraceptive use prevalence among all women in Nigeria as 15% indicating that prevalence of use is low, while the opposition to contraceptive use by spousal negative attitude to contraceptive use contributes to its low usage (Odusina, Ugal, Olaposi 2012). More than 60% of women with an unplanned pregnancy are not using any form of contraception (Adelekan, Omorogie & Edoni 2014).

Researches have shown that spousal communication can increase contraceptive uptake and continuation and opposition from male partners has been cited as an important factor that affects family planning use because some women use contraceptives secretly to avoid confrontation with their unsupportive partners (Greene, Mehta, Pulerwitz, Wulf, Bankole, & Singh). The low rate of contraceptive prevalence in Nigeria contributes to unwanted pregnancy and maternal death with statistics showing that 210 million pregnancies occur worldwide, with 80 million unplanned and 46 million ending in abortion (Ipadeola Ujuju, Anyanti, Adebayo (2013) and this has contributed to high maternal death rates in Nigeria with an estimation of 36,000 women dying in pregnancy or at child birth each year (Oyedele 2014).

If the use of contraceptives increases among Nigerian men and women who are sexually active, there will be significant reduction in unwanted pregnancies and abortions leading to reduced maternal mortality because the use of any family planning method is often influenced by the husband (Monjok, Smesny, Ekabua & Essien 2013). However, WHO (2012) has identified traditional beliefs, religious barriers and lack of male involvement has some of the major factors weakening FP interventions. Thus, there is also need to find out the influence of male spouses' support on family planning uptake by their wives.

Male Spouses' Support on wives FP Uptake

The ideal family size, gender preference of children, ideal spacing between the child births and contraceptive method use, women's choice and opinion is dependent on the men's general knowledge and attitudes (Ijadunola, Abiona, Ijadunola, Afolabi, Esimai & Olaolorun 2010). Although contraceptive methods and services are frequently geared toward women, men are often the primary decision makers on family size and their partner's use of family planning methods. Since the men are the heads of the household and they make the decisions, they are also expected to initiate discussions on family planning and the number of children they want to have (Mosha, Ruben, & Kakoko, 2013). Male involvement helps to accept contraception and also helps in the effective use of family planning (Ijadunola *et al.*, 2010).

The use of any family planning method is often influenced by the male spouse and women are considered implementers of what has been decided by men without questioning the men's decision (Adelekan, Omorogie & Edoni 2014). It is expected that they should have a role in planning the size of the family, prevent sexually transmitted diseases and other health complications of which men's awareness and knowledge are essential prerequisites for taking these correct decisions at the right time (Jayalakshmi, Kiran, Prabhakar & Pushpanjali 2002).

Evidence from a number of studies around the world has revealed that there is a universal knowledge about family planning among the men of the reproductive age group, but yet has not translated into increased utilization of these modern family planning methods and low usage of family planning method has been widely attributed to the negative attitude towards the use of the modern form of contraception of which fear of harmful effects on health and low levels of education have been identified to influence the use of modern family planning methods in Africa, Asia and other parts around the world (Malalu, Alfred, Too & Chirchir 2014). This observation suggests that both the women and their partners lack the right information that will aid decision making on the use of modern family planning method (Malalu, Alfred, Too & Chirchir 2014).

However, various studies have identified factors that influence men's behaviour to refuse spousal use of modern family planning method. Some of these factors are:

1. **Awareness and knowledge factor:** Aninyei et al (2008) reported that 24.7% of the respondents were aware of modern family planning method with only 42.9% of them currently using family planning to plan their families. A similar study by Adelekan et al (2014) states that 57.0% of the married men have good knowledge of family planning method, also (Ijadunola et al (2010) study stated that almost all the men with 99.8% had a good knowledge of modern contraceptives and (89%) percent of men approved of their spouses using family planning while only 11 percent of them objected to it. Furthermore a study in Kenya reveals that 98% of the married men were aware of modern family planning method but they do not have adequate information that would aid in choosing an appropriate contraceptive method because knowledge of side effects was also a major consideration before choosing any particular method (Malalu et al. 2014).
2. **Communication Factor:** Furthermore, spousal communication encourages approval of family planning method such that 79% of woman who discussed with their partners use some modern family planning method (Malalu et al 2014). Another study in Ghana also found that partners' consent to the use of modern family planning methods was very crucial to the success of any family planning intervention (Eliason, Awooner-Williams, Eliason, Novignon, Aikins). The results 4.67% showed that women who discussed family planning methods with their partners were more likely to use modern methods of contraception. Also women who reported frequent discussion of family planning with their partners were more likely to be using contraception than were women who reported they never discussed family planning (Stephenson, Baschieri, Clements, Hennink & Madise 2007). In another study in Tanzania, there was little use of contraceptive due to little or no communication among the couples on the use of family planning and on desired number of children (Mosha et al 2013).
3. **Side effects Factor:** A study in Nepal found that side effects were the main reasons cited for discontinuing the use of family planning (Mosha et al. 2013). According to Chipeta et al. (2010) in a qualitative study, Fears of side effects were the dominant concern reported from both men and women for almost all contraceptive methods. Although the reporting of fears of side effects was greater in Rwanda, a sizeable proportion of respondents in Zambia also reported this concern. Previous studies have demonstrated that fears of side effects are often a barrier to the adoption of contraceptive methods (Grabbe, Stephenson, & Allen 2009).
4. **Cultural Factor:** According to Nangendo (2012) study it was reported that cultures' and traditions of some people perceives a woman at menarche must give birth repeatedly because it is a taboo for a woman to have fertile eggs in her body. This is because birth is an antidote for bereavement in the

cultural idioms of this Islamic society and children are considered a divine benefaction. It was also revealed in another study that if one undertakes vasectomy he will be rejected from the clan risking his wife divorcing because he will not function sexually any longer (Kambigwu 2000).

5. **Religious Factor:** Some Muslims do not practice family planning although the teachings of Islam do not forbid contraception because it is speculated that some partners who do not approve of family planning use feared that their wives use of contraceptives would encourage promiscuity or would undermine their authority as heads of the household (Kambigwu 2000). Cultural taboos dictate that sex should remain a private matter between husband and wife. This explains, at least in part, why Muslims are reluctant to seek help for sexual problems, contraceptive issues and the long time lag before seeing a physician.. For Muslims the Koran provides the infallible rules of conduct fundamental to their way of life (Dhami & Sheikh 2000).
6. **Perception Factor:** In addition, identified barriers to male involvement were the perception that family planning is woman's activity (89.4%) and were not their custom to participate in family planning programme (90.6%). This is similar to the findings in Uganda. Other barriers reported by respondents were long waiting times at FP clinic (80.9%), family planning not male-friendly (90.1%), attitude of health workers (70.3%), and finance (69.4%). This is similar to the findings in Cameroon of which the Focus Group Discussion participants also reported societal norms, lack of finance, inadequate time, and FP service not being male-friendly as barriers to their involvement in Family planning Adelekan et al. (2014). Some of these factors correspond with some of the findings of Nzendako (2000) stating that barriers to male participation include the perception of family planning and reproductive health as concerns of women maternal-child health services that do not target men, the limited availability of male contraceptive methods, and societal attitudes unfavorable to explicit support for equality of men and women.
7. **Enabling factors:** Having the desired number of children, lack of financial support for the children, experience of delivery complications in previous pregnancies and the desire to maintain good maternal health so as not to lose their wives are reasons why some men support the use of modern family planning methods. According to Jayalakshmi et al, (2002) research on male involvement in family planning, it was discovered that the enabling factor for the men to use family planning method was as a result of the failure of the previous contraceptive methods, allowing them to adopt the modern family planning methods. A study also conducted in Ile-Ife Osun State, Nigeria by Ijadunola et al. (2010) found out that some men knew the importance of family planning such as it helps to space child birth, it helps to avoid unwanted pregnancy, it promotes child health, and it improves the quality of child health.

Up till date very little research has been focused on men and family planning uptake. Poor knowledge of reproductive health issues among men pose barriers for women to seek care for health problems of which exploring men's reproductive health knowledge is particularly important where most women have limited control over their lives and completely dependent on husbands and older family members for making decision regarding their health (Jayalakshmi, Ambwani, Prabhakar and Pushpanjali, (2002).

Other researches have focused on determinants of use of modern family planning methods, family planning decision and perceptions on family planning, male involvement in family planning, however few studies have focused on factors that influence spousal support of family planning in other countries but none has

been done in Nigeria. Therefore this study will be looking at factors influencing male spouse's support of family planning uptake by wives in Ibadan North East Local Government area of Oyo State.

Research Questions

In order to arrive at reasonable and meaningful conclusion, the following research questions were raised to guide this study:

1. How satisfactory is the level of the involvement of men in family planning procedures of their wives?
2. What difference does the male spouse's educational background have on their involvement family planning uptake by wives?
3. What difference does the male spouse's age have on their involvement family planning uptake by wives?
4. What difference does the male spouse's occupation have on their involvement family planning uptake by wives?
5. What influence does the male spouse's nature of marriage have on their involvement family planning uptake by wives?
6. What influence does the preferred family size of a couple have with the involvement of men in family planning procedures?

Methodology

The Study Setting

Ibadan North East Local Government is one of the Local Government in Oyo State, with her headquarter situated in Iwo road Ibadan. It is bounded in the East by Egbeda and Ona-ara Local Government, Ibadan North local Government in the West, Lagelu and Akinyele Local Government share boundary with it in the North while Ibadan South East Local Government bounded it in the South. It comprises of 12 wards and is part of the greater Ibadan metropolitan area. Ibadan North East Local Government is heavily populated covering a large expanse of land with an area of about 12.5 square kilometer and a population of 330,399 as at the 2006 census.

The populace consists of civil servants, teachers, traders and artisans. The main business activities in the local Government are buying and selling of different types of goods ranging from household needs, foodstuff, and building/electrical materials. The markets of commercial significance are Oje market, Oranyan market, Agodi gate market. Building materials of all kinds are very popular in the popular Iwo road axis which has not less than sixteen banks around. There are sixty eight primary schools, eleven senior secondary and forty-one junior secondary schools.

Research Design

The research design is a survey research of an ex-post-facto type. It looked at the facts as they had already occurred and there was no manipulation of variables.

Sample and Sampling Procedure

The study population consisted of married men within the range of 20 years to 70 who resided at Ibadan North East local government. There are 12 wards in the Ibadan North East local Government; the wards were stratified into rural and urban wards. This makes up six rural wards and six urban wards. In the stratified rural and urban wards, three wards were randomly selected from each stratum, that is, three wards from the rural wards, three wards from the urban wards summing up to six wards in all. Thereafter, a simple random sampling was used to select three streets each from the selected six wards, this sums up to (18) streets altogether in the wards of the local Government. In each street, houses were selected at random of which the questionnaire was shared to all the married men present in the houses selected as at the time the questionnaire was administered. The main criterion for inclusion in the study was that a respondent must have been married.

The sample size was calculated using Cochran formula for sample size determination in health studies:

$$n = \frac{z^2 pq}{d^2}$$

Where n = sample size;

z = the standard normal deviation which corresponds to the 95% confidence level (1.96);

p = estimated prevalence of use of family planning method (20.69% or 0.2069). This prevalence is derived from a similar study; (Adelekan, Omoregie, & Edoni 2014)

$q = 1 - p$ ($1 - 0.2069 = 0.7931$);

d = degree of accuracy desired (0.05).

$$\begin{aligned} \text{Therefore } n &= \frac{1.96^2 \times 0.2069 \times 0.7931}{0.05^2} \\ &= 252.151 \end{aligned}$$

Where attrition rate is 10% of the sample size

$$\begin{aligned} \text{For attrition value } &\frac{10}{100} \times 252.151 \\ &= 25.2151 \end{aligned}$$

Therefore $n = 277$

The sample size was rounded up to 400 to address non-response. The sampling technique used for this study was a multi-stage sampling technique. The multi-stage sampling technique was used.

Instrumentation

A 30-item self-developed questionnaire was used to explore the level of the involvement of men in family planning procedures of their wives. The instrument titled “Involvement of Men in Family Planning Procedures of their Wives Scale” (IMFPPWS) adopted the Likert rating scale pattern. In this regard, the respondents were requested to record their responses on a five-point continuum of the scale ranging from strongly agree to ‘strongly disagree’, with a weighted point of 5 to 1 respectively. The instrument has four sections: Section A, B, C and D. The section A focused on demographic data of the respondents such as age, educational level among others, section B deals with issues relating to males’ perception, knowledge, and involvement of family planning procedures of their wives, while items in section C deals with barriers or

problems of involvement. The section D of the questionnaire explores the participants' conviction to actively involve in family planning procedures of their wives and improve their family lives.

Administration of the Instruments

The researcher administered the questionnaires with the help of two (2) research assistants over the period of two weeks (Dec 15 to 29, 2014). The selected streets were visited. Residents that were found in their houses or shops were approached and their consent was sought before they were interviewed. The questionnaire was then retrieved from the respondents after completion.

Data Analysis

The data collected through the questionnaires was analyzed using simple percentages and frequency counts for demographic information about the respondents, while research questions were tested using descriptive statistics and regression analysis. However, all the research questions generated for the study were tested at 0.05 alpha levels.

Ethical Considerations

The recruitment of respondents was based on their permission. Informed consent was obtained by explaining to each the respondents that data collection will be used for research purpose, kept confidential and participation was voluntary. Participants were given the choice to withdraw their consent freely whenever they want to opt out of the study. To maintain confidentiality of participants during and after the collection of data, no name of the respondent was written on the questionnaire in order to ensure anonymity.

Results

Table 1: *The level of the involvement of men in family planning procedures of their wives*

Variable	N	Minimum	Maximum	Mean	Std. Dev
Involvement of men in family planning procedures of their wives	387	30.00	150.00	96.271	21.807

Table 1 reveals that the level of the involvement of men in family planning procedures of their wives was high.

Table 2: *Summary of One-way Analysis of respondents' level of education and spousal support of family planning methods*

Source of variation	SS	Df	MS	F	Sig.
Between group	1825.228	4	456.307		
Within group	10681.104	383	27.888	16.362	.000
Total	12506.332	387			

The calculated value of $f = 16.362$ indicates that male spouse's educational background significantly had an influence on their involvement in family planning uptake by wives ($F_{4/387} = 16.362$; $P < .05$).

Table 3: Summary of One-way Analysis of respondents' age and spousal support of family planning methods

Source of variation	SS	Df	MS	F	Sig.
Between group	2855.035	5	571.007		
Within group	10770.108	382	28.194	20.252	.003
Total	13625.143	387			

From the results presented above, it could be deduced that male spouse's age significantly had an influence on their involvement in family planning uptake by wives ($F_{5/387} = 20.252$; $P < .05$).

Table 4: Summary of One-way Analysis of respondents' occupation and spousal support of family planning methods

Source of variation	SS	Df	MS	F	Sig.
Between group	1183.270	5	236.654		
Within group	11652.910	382	30.505	7.758	.011
Total	12836.180	387			

Results presented in Table 4 revealed a significant difference between male respondents' occupation and spousal support of family planning methods. Analysis of variance shows that this value is significant ($F_{5/387} = 7.758$, $P < .05$).

Table 5: Summary of One-way Analysis of respondents' nature of marriage and spousal support of family planning methods

Source of variation	SS	Df	MS	F	Sig.
Between group	1092.348	2	546.174		
Within group	12083.610	385	31.286	18.034	.000
Total	13175.958	387			

Table 5 revealed a significant influence of male respondents' nature of marriage on spousal support of family planning methods. Analysis of variance shows that this value is significant ($F_{2/387} = 18.034$, $P < .05$).

Table 6: Summary of One-way Analysis of respondents' preferred family size and spousal support of family planning methods

Source of variation	SS	Df	MS	F	Sig.
Between group	2064.400	4	516.100		
Within group	9720.157	383	25.379	20.336	.009
Total	11784.557	387			

Table 6 revealed a significant influence of between male respondents' preferred family size on spousal support of family planning methods. Analysis of variance shows that this value is significant ($F_{4/387} = 20.336$, $P < .05$).

Discussion

The aspect of the research questions that stated how satisfactory is the level of the involvement of men in family planning procedures of their wives revealed that the participants had a mean score of 96.271 when converted to a percentage showed 64.2%. The implication of this is that the level of the involvement of men in family planning procedures of their wives is satisfactory. Only 35.8% of the men were not completely involved in family planning procedures of their wives or their involvements were minimal. It could then be deduced generally that married males are very much aware of the importance of family planning to the wellness of their families. This result is in tandem with the findings of Ijadunola (2010); Jayalakshmi et al (2002); Ngwira (2011); Odusina et al (2012); and Adelekan (2014) in their various studies show that adequate awareness of family planning by couples will help them in regulating intervals between children, preventing unplanned pregnancy and build their future.

The results of this study show that the five socio-biographical variables considered (education, age, occupation, nature of marriage, and preferred family size) significantly had an influence on male spouse's involvement on the family planning uptake of their wives. The results did not spark much surprise as Adelekan et al. (2014) and Nzendako (2000) that male believed that family planning and reproductive health are the concerns of women. Also, societal attitudes regardless of the male spouse education, age, occupation, nature of marriage, and preferred family size was unfavorable to explicit support for equality of men and women in reproductive health issues.

Conclusion

This study sought to explore male spouses' support of family planning (FP) uptake by wives. It was revealed that the level of the involvement of men in family planning procedures of their wives was high. However, this may be due to the fact that awareness of family planning methods among men is universal. Also, it was revealed that education, age, occupation, nature of marriage, and preferred family size were significant in determining male spouse involvement in in family planning procedures of their wives. It is therefore concluded that any failure of male spouse to support the family planning procedures of their wives has little or no cultural undertone. Rather, it is a matter of choice and mere attitude/negative misconception and/or perceptions towards family planning, and that FP is a woman's affair.

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